

# Cincinnati Recreation Commission

## Division of Therapeutic Recreation

### Youth/Teen Assessment and Accommodation Request

CRC Internal Tracking

CRC Center: \_\_\_\_\_

Request Date: \_\_\_\_\_

Received Date: \_\_\_\_\_

*This form is to assist in identifying accommodations which may be necessary for successful participation. Please complete as thoroughly as possible. Assessment process can take 7-14 days, which means your child may not be able to attend until after assessment process is complete. Thank you.*

#### Part A ♦ Participant Information – to be completed by Participant/Parent/Guardian

Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail address \_\_\_\_\_

Participant's School \_\_\_\_\_ Teacher Name & Phone Number \_\_\_\_\_

#### I Disability Information as Diagnosed by a Physician

Place a check next to each that applies to the participant and/or write in any disabling condition not listed.

<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Deaf/Hearing Impairment
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Psychiatric Disability	<input type="checkbox"/> Blind/Vision Impairment
<input type="checkbox"/> Severe Intellectual Disability	Type: _____	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Moderate Intellectual Disability	<input type="checkbox"/> Speech Impairment	Type: _____
<input type="checkbox"/> Mild Intellectual Disability	<input type="checkbox"/> Spina Bifida	Other: _____
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Traumatic Brain Injury	_____
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Behavioral Disorder	_____

Who has made this diagnosis? \_\_\_\_\_

Does the participant walk independently? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please identify any mobility devices used or assistance needed (wheelchair, walker, etc.). \_\_\_\_\_

Does the participant have seizures? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

If yes, please indicate type: \_\_\_\_\_

Medications taken (type, dosage, time, purpose): \_\_\_\_\_

Allergies (include food/medications/other), activity restrictions, special diets or other medical concerns: \_\_\_\_\_

#### II Skill Assessment

Please check each statement that applies to the participant. Use the comment section to identify additional skills needed and/or areas of difficulty.

##### Eating/Drinking

☐ Drinks from a cup  
☐ Able to use straw to drink  
☐ Able to grasp; use spoon  
☐ Able to unwrap, open containers  
☐ Able to open drink containers

##### Bathrooming (toileting, washing)

☐ Wears diaper (Attends/Depends)  
☐ Indicates need to use toilet  
☐ Uses toilet with physical assistance  
☐ Uses toilet independently  
☐ Washes hands independently

Comments/Areas of Difficulty: \_\_\_\_\_

**Communication** (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Unable to communicate needs/wants                        | <input type="checkbox"/> Uses 1 or 2 word statements                |
| <input type="checkbox"/> Communicates with gestures, signs or non-verbal behavior | <input type="checkbox"/> Uses a communication device to communicate |
| <input type="checkbox"/> Communicates using basic sign language                   | <input type="checkbox"/> Uses partial or complete spoken sentences  |

Comments /Areas of Difficulty: \_\_\_\_\_

**Receptive Language** (please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Recognizes own name when called             | <input type="checkbox"/> Responds appropriately to 2 or 3 step directions            |
| <input type="checkbox"/> Reacts or responds when spoken to           | <input type="checkbox"/> Responds appropriately to directions when in a small group  |
| <input type="checkbox"/> Responds appropriately to 1-step directions | <input type="checkbox"/> Responds appropriately to directions when in a larger group |

Comments/Areas of Difficulty: \_\_\_\_\_

**Motor Coordination** (please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Able to catch a ball rolled                       | <input type="checkbox"/> Able to kick a rolling ball                                    |
| <input type="checkbox"/> Able to catch a ball bounced                      | <input type="checkbox"/> Able to grasp small objects (beads, pencil, etc.)              |
| <input type="checkbox"/> Able to catch a ball tossed from a short distance | <input type="checkbox"/> Able to grip/grasp larger objects (tennis ball, racquet, etc.) |
| <input type="checkbox"/> Able to kick a stationary ball                    |   |

Comments/Areas of Difficulty: \_\_\_\_\_

**Social/Behavioral** (please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Shows interest in others  | <input type="checkbox"/> Will sit quietly to watch a program, show, movie, etc.       |
| <input type="checkbox"/> Will play/interact cooperatively with others  | <input type="checkbox"/> Can identify and take responsibility for personal belongings |
| <input type="checkbox"/> Is tolerant of others, not easily agitated or annoyed                                     | <input type="checkbox"/> Will play/interact cooperatively within a group              |
| <input type="checkbox"/> Is aware of safety concerns when out in the community (traffic, staying with group, etc.) |   |

Comments/Areas of Difficulty: \_\_\_\_\_

Does your child swim independently? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Please identify any activities, games, hobbies, etc. that the participant enjoys, is motivated by, or has expressed interest in:

Please explain any behavior management techniques used at home or school which eliminate or reduce negative behaviors:

Does your child have an aide/paraprofessional at school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how much time is the aide/personal assistant with your child? \_\_\_\_\_

Please describe your child's classroom? Self Contained Classroom \_\_\_\_\_  
Receives Interventions in the General Education Classroom \_\_\_\_\_  
General Education Classroom \_\_\_\_\_  
Home School \_\_\_\_\_

How many students are in your child's classroom? What kind of structure is used in your child's classroom environment?

What days will your child be attending day camp, before/after school, or program? (Circle below)

Monday Tuesday Wednesday Thursday Friday

What are the estimated times your child will be at the Recreation Center? (i.e. 9:00 a.m. to 5:00 p.m.) \_\_\_\_\_

### Release of Information

I, \_\_\_\_\_ (Parent/Guardian, Care Provider) hereby give my permission for you to release the information requested below for my child. In addition, I give permission for the Cincinnati Recreation Commission to release specific information about my child to its employees who will develop and implement the inclusion support plan for my child. All information will be used to plan appropriate activities for my child.

**Please initial all methods you give permission for release of information.**

_____ IEP (Individual Education Plan) and MFE (Multi-Factored Evaluation)	_____ Children's Home of Cincinnati
_____ Completion of Teacher Questionnaire	_____ Envision
_____ Inclusion Specialist School/Program Observation	Other: _____
_____ Teacher/Inclusion Specialist Phone Conversation	Specific Name
	Other: _____
	Specific Name

**Signature of Parent/Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

### Multi-Media Release

I, undersigned, hereby authorize the Cincinnati Recreation Commission to utilize (including but not limited to) photographs, videotapes and/or voice recordings, etc. of the participant listed to be used exclusively for promotion, advertising, and/or marketing of the Cincinnati Recreation Commission and its programs, facilities and/or services. The images may be repeatedly used at any time and I will not seek recourse or payment for the use of the aforementioned materials from the Cincinnati Recreation Commission.

**Signature of Participant/Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_